SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Plasming and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

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Permit #:

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142014 Refund:

TYPE OF PERMIT REQUESTED-		☐ LAND USE ☐ SANITAR	₩ □	CONDITIONAL USE	USE 💢 SPECIAL I	JSE	☐ B.O.A. ☐ O	□ OTHER
Owner's Name:	「一个でものと	THI JUNEAN 4007 B	144360SAPOCOUR	1	ACCENTIVE M	SS N	SII2	Ü
Address of Property:	Chal-bard		City/State/Zip:	, with	54847	i	Cell Phone:	°: ∞3717
Contractor:			Phone:	Plumber:			Plumber Phone:	Phone:
Authorized Agent: (Pers	Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: A	gent Mailing Add	Agent Mailing Address (include City/State	e/Zip):	Written A Attached	orizat
PROJECT LOCATION	Legal Description: (Us	(Use Tax Statement) 94-	PIN: (23 digits) 04- 6 スイ- ネーイブーの	-08-12-202	-000-1000	Recorded Do Volume	cument: (i.e	Page(s) 877
NW 1/4, /	W 1/4 Go	Gov't Lot Lot(s) C	CSM Vol & Page	Lot(s) No.	Block(s) No. S	Subdivision:		
Section <u>「み</u>	, Township 47	N, Range 8 W	Town of:	River	Lot	ot Size	Acreage 20	ا ا ا
	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	liver,	stream (Incl. Intermittent) If yescontinue	Distance Structure	ture is from Shorelin	e: feet	Is Property in	Are Wetlands Present?
☐ Shoreland —	☐ Is Property/Land wi	Lake,		Distance Structure	ture is from Shorelin	e : feet	□ Yes ØNo	X □ Yes
7 Non-Shoreland			70 - 11 C	47				
lon le	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	Wh Sewer/S Is on t	hat Type . /Sanitary ! the prope	What Type of Sewer/Sanitary System Is on the property?	Water
rio Ca	☐ New Construction	X 1-Story	□ Seasonal	∛ □ 1	☐ Municipal/City	1 1	Specify Type:	☐ City
\$ 25,000	□ Conversion				Sanitary (Exists	- 1	Specify Type:	
	Run a Business on	_	History and the second	□ None	1 1	IZ.I,	itract)	
	Property.	☐ Foundation			☐ None			He produce the second s
Existing Structure: (if pe Proposed Construction:	(fr permit being applied for is relevant to it) tion:	d for is relevant to it)	Length:		Width:		Height: Height:	
Proposed Use	4		Proposed Structure	re		D	Dimensions	Square Footage
	☐ Princip☐ Reside	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	cture on property) shack, etc.)		1000		××	
X Doridontial Inc		with Loft	***************************************			~	××	***************************************
		with (2 nd) Porch		and the second s				100000000000000000000000000000000000000
		with a Deck	- Average of the state of the s			1	× ×	
M Commercial Use	Jse	with Attached Garage	arage					ANALO BANKA
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters,	☐ sleeping quarters	<u>or</u> □ cooking	& food prep facilities)	1		i i
	□ Mobil	Mobile Home (manufactured date) Addition / Alteration (specify)	late)	E PROPERTO DE LA COMPANSION DE LA COMPAN	A ANAL STREET,		××	
Municipal Use		Accessory Building (specify)			11 11 11 11 11 11 11 11 11 11 11 11 11		×	
Hor'd for legisnes		D	/Alteration (specify)	1)	A STATE OF THE STA	1	×) PPP
nec a loi losa	*	Special Use: (explain)	10 55 H	Short-term	un Rental	_	×	- West
		olain)		144		-		
		Other: (explain)		and the same of th		-	×	

Owner(s): (If there are Mult

the Deed All Owners m

st sign or letter(s) of authorization must accompany this application)

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Date

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Authorized Agent:

(If you

on behalf of the owner(s) a letter of authorization

Address to send permit

POSTER CHI

(QU) #

AROCA

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this application) 3

Date

Attach
Copy of Tax Statement Copy of Tax Sta

Date of Approvaling	Affidavit: 🗌 Hold For Fees: 🗌	ector: Mand for TBA: 'S	Signature of Inspe
	No \forall If \underline{NO} they need to be attached.) 1. $S = 17 = 1014$	ommittee or Board Conditions Attached? Tyes	Condition(s):To
F lass		tus is existing.	Inspection Record: Stuat Date of Inspection:
1 Yes	Owner 7	ନ ₹	Was Proposeo
	Previously Granted by Variance (B.O.A.) ☐ Yes 为 No Case #:	Case#:	Granted by Variance (B.O.A.)
Affidavit Required ☐ Yes SK No Affidavit Attached ☐ Yes K No	X No Mitigation Required □ Yes X No Affida X No Mitigation Attached □ Yes X No Affida	ot Yes (Deed of Record) ip	Is Parcel a Is Parcel in Cor
	4-21-14)38	Permit #: 14-A
Sanitary Date: _ 10 - 04	425286 #of bedrooms: 2	tion (County Use Only)	Issuance Info
, <u>Privy (PJ</u> , and <u>Well (</u> W). ;un. _{relling} Code.	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (S.L.), <u>Prival field (DH)</u> , <u>Holding Tank (HL)</u> , <u>Priva (PL)</u> , and <u>Well (W)</u> . NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.		(9)
ack must be measured must be visible from oposed site of the structure, or must be	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the prop marked by a licensed surveyor at the owner's expense.	or construction of a structure more than ten (10) feet but less than thirty (30 sid corner to the other previously surveyed corner, or verifiable by the Depart urveyor at the owner's expense.	Prior to the placemer one previously survey marked by a licensed
ble from one previously surveyed corner to the	setback, the boundary line from which the setback must be measured must be visible	required	Prior to the placement other previously surv
20 Feet	Feet Setback to Well Feet Feet	100	Setback to Septic Tank Setback to Drain Field Sethack to Privy (Port
NH Feet ,	Feet Elevation of Floodplain	6504	Setback from t
(A)CH Feet	Setback fron Setback fron	202	Setback from t Setback from t
ark) NH Feet	Setback from the Lake (ordinary high-water m Setback from the River, Stream, Creek Setback from the Bank or Bluff	yht-of-Way 5プル	Setback from t
Measurement	Description		
by are pointing a count before	cialist in planta in the second of the secon	Setbacks: (measured to the closest p	(8)
ed by the Planning & Zoning Dept.	Changes in plans must be approved	complete (1) - (7) above (prior to continuing)	Please com
	Hachment	See at	
	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Show any (*): Show any (*):	(6) (7)
	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)	Show / Indicate: Show Location of (*): Show: Show:	(2) (3) (4) (5)
•	(1) Show Location of: Proposed Construction	Show Location of: Proposed Construction	工)

eld County, WI

